

Direct Dial/Ext: 01622 694486 Fax: Your Ref: Our Ref: Date:

e-mail: paul.wickenden@kent.gov.uk Ask for: Paul Wickenden

Dear Member

HEALTH OVERVIEW AND SCRUTINY COMMITTEE - FRIDAY, 7 JANUARY 2011

I am now able to enclose, for consideration at the Friday, 7 January 2011 meeting of the Health Overview and Scrutiny Committee, the following report(s) that were unavailable when the agenda was printed.

Agenda No Item Update on Women's and Children's Services at Maidstone and Tunbridge Wells 7 NHS Trust (Pages 1 - 4)

Yours sincerely

Peter Sass Head of Democratic Services & Local Leadership

This page is intentionally left blank

From the Rt Hon Andrew Lansley CBE MP Secretary of State for Health



POC1 546384

Councillor Bryan Cope Vice Chairman Kent Health Overview and Scrutiny Committee Legal and Democratic Services Sessions House County Hall Maidstone Kent ME14 1XQ Richmond House 79 Whitehall London SW1A 2NS

Tel: 020 7210 3000 mb-sofs@dh.gsi.gov.uk

CHANGES TO WOMEN'S AND CHILDREN'S SERVICES AT MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

I refer to your Committee's letter of 21 September 2010 and your subsequent letter of 30 November 2010 about proposals for changes to women's and children's services at Maidstone and Tunbridge Wells NHS Trust.

As you are aware, after accepting advice from the Independent Reconfiguration Panel (IRP), I asked the local NHS to carry out further work and they reported to me on 30 September. Going forward I have asked the local NHS to ensure they continue to engage with all stakeholders as is appropriate, including your Committee as changes to services continue to be implemented at the Pembury hospital and the midwife led unit at Maidstone is developed.

I would expect NHS South East Coast to publish its report in its entirety in due course.

I am asking the SHA, PCT and Trust to reconsider the level of paediatric input to the A&E and engage with GPs as the future commissioners of services regarding the appropriate level of specialist input. This should not prejudice the centralisation of inpatient services as scheduled.



My conclusion does not prejudice any future decisions made by local commissioners. If in future GPs as commissioners assess that a need for services at Maidstone is unmet, then it will be their prerogative to seek to redesign and commission services on that basis.

I am copying this letter to Candy Morris, Chief Executive of NHS South East Coast.

· , M

ANDREW LANSLEY CBE

From the Rt Hon Andrew Lansley CBE MP Secretary of State for Health



POC1_553332

Richmond House 79 Whitehall London SW1A 2NS

Tel: 020 7210 3000 mb-sofs@dh.gsi.gov.uk

Candy Morris Chief Executive NHS South East Coast York House 18-20 Massetts Road Horley Surrey RH6 7DE

CHANGES TO WOMEN'S AND CHILDREN'S SERVICES AT MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

Thank you for reporting to me about planned changes to women's and children's services in West Kent on 30 September 2010.

As I said in my letter to you of 1 July 2010, and after accepting advice from the Independent Reconfiguration Panel (IRP), your further assessment and report should not prejudice the work to open Pembury hospital as planned, nor the current work in establishing and centralising inpatient services there.

I have studied your report in detail and carefully considered its findings against the backdrop of the assurances I was seeking and my endorsement of the IRP's advice made public on 1 July 2010 still stands.

I hope you will continue to actively engage with stakeholders to ensure where there are any outstanding concerns, these are addressed as services continue to be implemented at Pembury hospital.

I would expect you to publish your report in its entirety in due course.

When I visited Maidstone hospital on 24 November 2010, I was left in no doubt of the commitment of future GP commissioners to maintaining a wide range of services



at the Maidstone site and I support the continuing development of the midwife led unit there.

In the light of this, I am asking the SHA, PCT and Trust to reconsider the level of paediatric input to the A&E and engage with GPs as the future commissioners of services regarding the appropriate level of specialist input. This should not prejudice the centralisation of inpatient services as scheduled.

My conclusion does not prejudice any future decisions made by local commissioners. If in future GPs as commissioners assess that a need for services at Maidstone is unmet, then it will be their prerogative to seek to redesign and commission services on that basis.

I am copying this letter to Marion Dinwoodie, Chief Executive, NHS West Kent and Glenn Douglas, Chief Executive of Maidstone and Tunbridge Wells NHS Trust and Bryan Cope, Vice Chairman of Kent County Council's Health Overview and Scrutiny Committee.

ANDREW LANSLEY CBE